

2007 4-H ANIMAL APPROVAL FORM



(use a separate form for each species – directions for completing this form found on back side. Must be filled in completely in black ink or typed.

County _____ Member's Name _____ Phone _____ Age on Jan.1, 2007 _____

Mailing Address _____ City/State _____ Zip Code _____ Club _____

Do you need any **physical or educational accommodations** in order to participate fully in 4-H Animal Science activities and events? No Yes
Accommodation needed: (for instance, help reading a quiz, modified equipment, etc.)

Check species listed: Beef Pack Goats Dairy Cattle^a Dairy Goat^a Dog Llama Poultry Rabbits Sheep Swine
Working Steer^c Other _____

Animal Name - if registration pending, list Reg. No. of Sire and Dam	ID number, microchip or tattoo ^a	D.O.B Mo/Date/Yr	Sex	Breed	Registration Number	Owned or Leased?	Date Owned or Leased*	Proposed Show Class ^b

^aSome dairy breed associations allow a photo id in lieu of other identification, if photo is on registration write photo in this column. Dairy goats require a permanent I.D.^b Working Steers and Dairy Goats only need to indicate which Fitting & Show division they plan to show in.

This certifies that the above exhibitor is a 4-H member in good standing and the animals listed above the County 4-H Extension Educator's signature are eligible to be shown by this member (County Extension Educator, 4-H will sign and date the form on the line following the last entry.) Educators will use date received in office. Registration papers should be available upon request. Animals to be shown in any 4-H classes this year must be listed and submitted to your County Extension Educator, 4-H on or before the deadlines listed on the back of this form. **This form does NOT constitute a fair entry. Separate entries must be made to shows at fairs.**

This report with Extension Educator's signature must be presented to the Superintendent of each 4-H Show in which you participate, and must agree with information on registration papers. 4-H members are responsible for the accuracy of all information provided. The Extension Educator's signature is verification of date of submission only. No changes or additions are to be made to this Approval Form without an Extension Educator initialing the change.

Leader Signature

Member Signature

Rabies requirement - All animals exhibited at a 4-H show or event must be vaccinated for rabies.

REMINDER: All animals must have been vaccinated for rabies 30 days prior to first fair.

**MEMBER INSTRUCTIONS FOR COMPLETING
4-H ANIMAL APPROVAL FORM**

On your Approval Form list all 4-H project animals to be shown. (Hint: It is usually best to include all eligible project animals...your favorite might not be feeling well on show day.) PRINT IN PEN. Complete the form including your mailing address with zip code and your age as of 1/1 of the current year. List one animal per line. Do not skip any lines. Print clearly. REMEMBER, ALL ANIMALS IN A 4-H PROJECT MUST BE SOLELY OWNED OR LEASED BY THE 4-H MEMBER.

Deadlines for submitting Animal Approval Form to your County Extension Educator, 4-H for signature:

February 1: BEEF steers that will show at the Eastern State Exposition 4-H Beef Show.

May 1: BEEF HEIFERS that will show at ESE, (excluding ESE steers), WORKING STEERS, DOGS, DAIRY CATTLE, LLAMAS.

June 15: ALL SHEEP, GOATS, SWINE, SMALL ANIMALS, POULTRY AND OTHER BEEF (not showing at ESE).

All 4-H project animals must be at least four months by show day to be shown, exhibited or brought to any given 4-H event. For instance, a lamb born on April 30, 2007 could not be exhibited or brought to a 4-H event before August 30, 2007.

1. **Animal name:** List the animal's name. If registrations are pending, include the registration numbers of the animal's sire and dam in this space. When you get the registration number call your Extension Educator, 4-H to update your form.
2. **I.D. number or tattoo:** Ear tag, I.D. or tattoo number as it appears on their registration or lease paper. If unregistered, list the name and ear tag number you use for that animal. All animals shown in 4-H must be identified. If ID is by legible ear tag or tattoo, the number must appear on this form and on the animal. If by photo, the photo must be attached to the registration or approval form and accompany the animal to all shows. All sheep must have a flock ID tag and scrapies number tag in their ear; may be one or two tags.
3. **Date of Birth:** Enter the *animal's* date of birth.
4. **Sex/Breed:** Enter the sex and breed (or crossbreed) of the animal.
5. **Registration Number:** Indicate registration number of all registered animals here.
6. **Owned or Leased:** Choose from the drop-down menu by clicking on the arrow if you are using the fill-in form OR indicate Owned (O) or Leased (L) in this space, if you are using the pdf version. Registration papers or record of lease **MUST** be in the exhibitor's name. If leasing please refer to fact sheet "Suggestions for setting up 4-H leases."
7. **Date Owned or Leased:** Print in date bought or leased. This date should correspond to the date bought or leased listed on your lease record form and registration papers. The lease must be in effect on or before the approval form deadline for that animal. All animals must be registered in the member's name (not a farm name) or you must fill out a lease agreement.
8. **Proposed Show Class:** List proposed show or type class, i.e. senior yearling/market lamb/obedience level. Working steers and dairy goats only need to indicate which Fitting & Show division they plan to show in.
9. Submit this form to your Extension Educator, 4-H prior to the proper date. The Extension Educator will sign, date, and validate your form prior to returning it to you.
10. Forms not filled out properly will be returned. **It is the member's responsibility to correct the form and return it to the 4-H office by the deadline.**
11. Replacement animals are not allowed after approval form deadline. In the case of animal death - please see your county Extension Educator and refer to NH 4-H Policy on Replacement Animals.

NEW HAMPSHIRE 4-H ACTIVITY
Youth Medical Care and Treatment Form



Name: _____ Birth Date: _____ Age: _____ Sex: _____

Parent or Guardian: _____

Home Address: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Name of Family Doctor: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

If you or the doctor cannot be contacted, in emergency notify:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

Instructions for Medications

1. All prescription drugs **MUST** be carried in the container in which they were issued (with medical orders and physician's name intact). Others will not be accepted.
2. Only exact amount of medication is to be brought to 4-H programs and should be kept in the possession of a responsible adult during the 4-H event.

LIST ANY MEDICATIONS (PRESCRIPTION AND NON-PRESCRIPTION SUCH AS PAIN RELIEVERS ASPIRIN, TYLENOL, ETC.) THAT YOU TAKE. PLEASE INCLUDE DOSAGES AND ANY SPECIAL INSTRUCTIONS:

LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO OR SUFFERING FROM A RECENT ILLNESS OR INJURY:

Tetanus Immunization: Date of Last Booster: _____

Operations or Serious Injuries requiring medical treatment (specify on reverse side of form): _____

CHECK BELOW IF PARTICIPANT IS SUBJECT TO:

- | | |
|--|---|
| <input type="checkbox"/> arthritis, diabetes, kidney disease, bladder disease | <input type="checkbox"/> headaches, convulsions, fainting, seizures |
| <input type="checkbox"/> respiratory problems, bronchitis, asthma controlled (y/n) | <input type="checkbox"/> stomach problems, intestinal problems |
| <input type="checkbox"/> heart trouble | <input type="checkbox"/> ear infection |
| <input type="checkbox"/> home sickness/sleepwalking | <input type="checkbox"/> other (please specify) _____ |

SPECIFY ANY ITEMS CHECKED

LIST ANY ALLERGIES INCLUDING FOOD, MEDICATION, ENVIRONMENTAL, INSECTS.

Prescribed Treatment _____ Self-Treat No Yes

USE OTHER SIDE IF NECESSARY.

My child is physically able to participate in this program including handling their project animals, if animals are involved; and in the case of the 4-H horse project, participating in mounted activities. I understand that the 4-H members will be supervised, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accident or illness. I further understand that in case of medical emergency we will be notified. In the event that I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on this Medical Care and Treatment Form and do certify that the information set forth on this form is true and correct to the best of my knowledge. I will assume all financial obligation incurred if not covered by insurance.

Parent/Guardian Signature _____ Date: _____

Event: 4-H Animal Events/Shows/Activities Event Date: January - December 2007

New Hampshire 4-H Event Youth Code of Conduct



As a participant in a New Hampshire 4-H event, you have the responsibility of representing the New Hampshire 4-H program to the public. You are expected to conduct yourself in a manner that will bring honor to you as well as to 4-H. To do that, you will need to:

1. Attend all sessions in the planned program and participate fully.
2. Follow hours and room rules established before the event begins. You are responsible for knowing the rules of your events.
3. Dress appropriately for each event.
4. Use language and manners that will bring respect to you and to New Hampshire 4-H. You are responsible for knowing what language and behavior is appropriate.
5. Be in the assigned program area at all times (for example: dorms, motels, etc.)
6. Know that the use of non-prescribed drugs and fireworks are illegal. Their use along with alcohol and tobacco, are prohibited at all 4-H events.
7. Model respect for other persons in public areas.
8. Treat program areas, lodging areas and transportation vehicles with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate.
9. Help other persons in your group have a pleasant experience by making every attempt to include all participants in all activities.
10. Live up to your highest expectations for yourself so you can return home proud of who you are and what you have done.

Those who find themselves unable to conduct themselves within the guidelines listed above may expect:

1. To explain their actions to the adults in charge
2. To accept the consequences of their actions
3. To possibly be sent home immediately at their own expense
4. To have the adults in charge work closely with parents/guardians, Extension personnel and others to see that the actions taken, in case of unacceptable behavior, are appropriate for all concerned.

I have read the New Hampshire 4-H Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.

Youth Signature: _____

As the parent or guardian of _____, I have read the New Hampshire 4-H Events Code of Conduct and will support the adults in charge in the performance of their responsibilities to see that the appropriate behavior is maintained.

Parent or Guardian Signature: _____

Event: 4-H Animal Events/Shows/Activities **Event Date:** January - December 2007

12/05